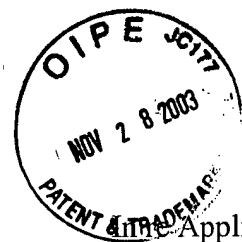


Corres. and Mail
BOX AF

AF/2615
2700



Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2615, Expedited Procedure

Docket No. 01807.000832.

Application of:

CLAUDE LE DANTEC

Application No.: 09/436,990

Examiner: Po Lin Chieu

Filed: November 9, 1999

Group Art Unit: 2615

For: DIGITAL FORMAT COMPRESSION METHOD AND
DEVICE, AND DECOMPRESSION METHOD AND
DEVICE

Date: November 26, 2003

THE COMMISSIONER FOR PATENTS

Mail Stop AF

P.O. Box 1450

Alexandria, VA 22313-1450

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Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 27	MINUS	** 91+	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 10	MINUS	*** 11	= 0	x \$42 \$84	\$0.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

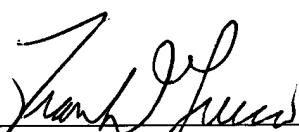
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____-month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 42,476

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

Form #120

NY_MAIN 353344v1